

professionals (Lopez, 1994). Their report included recommendations for qualifications, training, and staffing.

In May 1995, the first NC Training for Health Care Interpreters was provided, and the second is scheduled for October 1995. This was a joint project of the NC Primary Care Association, the OMH, the Division of Adult Health Promotion of DEHNR, and Citizen Services of the Department of Human Resources.

Cultural diversity

Cultural differences between providers and clients can be a significant barrier to health services. Training in cultural diversity is a major initiative of the Office of Minority Health. With a consultant, the OMH developed a Participants' Guide for cultural diversity training that is specific to public health (Toms, Lopez, & Pullen-Smith, 1995). It addresses cultural competency and change at both the individual and system levels. The Participants' Guide was used for pilot training in May 1995, and is being revised for Fall of 1995. The Office is currently developing a plan to provide this training to central and regional staff and to local health departments.

In June 1995, the OMH held a statewide conference on cultural diversity, which reached 300 public health providers across the state. It included sessions to increase awareness of cultural diversity and other sessions to increase knowledge of particular cultures.

SUMMARY

Table 10 includes the county-level changes in the Hispanic/Latino population since 1990 for births, students, and migrant farm workers. While there had been a 20% overall increase in "Spanish" migrant farm workers, there were greater increases in Hispanic births (59%) and students (107%). It is unknown whether the births were to resident or migrant women. However, it was notable that the increase in Hispanic births occurred over a four-year period. Nationally, Hispanics/Latinos were expected to increase 27% between 1990 and 2000. North Carolina's increase in Hispanic/Latino births had already exceeded that estimate.

The student data showed the most dramatic increases for the number of Hispanic/Latino students had more than doubled. It is likely that many of these children were residents, rather than migrants since the "Spanish" migrant population only increased 20% during this time. There is no certainty, however. Many may have been children of former migrants who settled out of the migrant stream. Once again, these increases were even more notable since they occurred in only four years.

While this report does not provide any definite numbers for the Hispanic/Latino population, it does present a picture of the changes over the last few years. This information should be useful to health and human service agencies in planning services that are based in the culture and language of this population.